DOCUMENT RESUME

ED 292 943 UD 026 121

AUTHOR Gonzalez, Diana H.; Page, J. Brian
TITLE Cuban Women, Sex Role Conflicts and Use of Prescription Drugs.
SPONS AGENCY National Inst. on Drug Abuse (DHHS/PHS), Rockville, Md.
PUB DATE 19 Nov 79
GRANT 1-R01-DA-02320-02
NOTE 14p.; Paper presented at the Annual Meeting of the American Anthropological Association (Cincinnati, OH, November 19, 1979).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Cubans; *Drug Use; *Employment; *Females; *Immigrants; Refugees; Sedatives; *Sex Role; Social Mobility; Socioeconomic Status; Stress Management

ABSTRACT

This paper focuses on Cuban women migrants living in Miami (Florida) and on their adaptation to life in exile, especially their use of minor tranquilizers. Many of these women left Cuba for political and economic reasons. The migration process restructured their social status in many ways. They were not allowed to bring valuables or financial assets with them. Families of all classes had no money and no English language skills. Many of the women entered the labor force at low pay, which to them represented downward social mobility and a loss of social standing and prestige. Cuban women came to have the highest participation rate in the U.S. labor force of any Hispanic group. To ease the stress which arose from the conflicting needs for income and to keep house, some Cuban women turned to the use of prescription drugs. A survey of these women showed that they took the drugs for their nerves or as sleeping aids. Clear links were found between post-immigration conditions and drug use. The conditions which correlated with higher use were the following: (1) concern for relatives who had remained in Cuba; (2) anxiety about income and employment; (3) uncertainty about repatriation; and (4) the imminent Communist takeover of Cuba. Minor tranquilizers have achieved a status similar to that of traditional herbs. Many of the women obtain these medications without a prescription. They make the diagnosis themselves and the behavior is accepted by kinship and other social networks. A bibliography is included. (VM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

5-3-88

ED292943

Cuban Women, Sex Role Conflicts and Use of Prescription Drugs

By Diana H. Gonzalez, M.A.

and

J. Bryan Page, Ph.D.

Paper Presented

at the

Annual Meeting

of the

American Anthropological Association

November 19, 1979

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

D. Kirby
U. of Miami

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

UD026 121

Research funds for this project were provided by a grant from the National Institute on Drug Abuse, grant no. 1 R01-DA-02320-02.

The authors are affiliated with the Department of Psychiatry, University of Miami, School of Medicine located at 1550 N.W. 10th Ave. Suite 309, Miami, FL 33136.

About one million Cubans -- or almost ten percent of the current Cuban population -- are believed to have fled their homeland since Fidel Castro's takeover in 1959. About three-fourths of the exile population came to the United States, and most settled in Miami, Dade County, Florida, where they accounted for 32% of the population in the 1970's (Strategy Research Corp. 1977). This paper focuses on Cuban women migrants living in Miami, Dade County and on their adaptation to life away from Cuba.

Cuba's sociohistorical development has prompted a number of political and economic emigrations since colonial times. Historically, the post-Castro migration constituted the most recent and the largest influx of Cuban migrants to this country since 1870.

Most Cubans who migrated to Miami, Dade County in the last twenty years have done so for political and economic reasons following Fidel Castro's takeover. Cuban exiles settled in Miami primarily because of its geographical proximity to the mother country, although the economic opportunities afforded by a growing South Florida urban area, including an established tourist industry, also attracted them.

The early waves of Cuban migration over-represented the middle and upper classes whose social and economic statuses were threatened by the Cuban revolution. Later waves of exiles increasingly represented the lower middle class and working class

segments of the Cuban population. With the exception of Cuban blacks, who remain under-represented in the exile communities, Miami's current Cuban population reflects the socioeconomic composition, if not the proportionate socioeconomic distribution, of pre-revolutionary Cuban society. Cuban ethnic enclaves are concentrated in areas of Miami, Dade County such as Little Havana in Miami proper, and in Hialeah and Westchester municipalities. Cubans who originally settled in other parts of the United States are now re-settling in the Miami area because of its large Hispanic community, including Spanish-language radio, press, television, and business opportunities.

This paper focuses on Cuban women living in Miami, and on their adaptation to life in exile, including an examination of health care practices such as patterns of use of minor tranquilizers (Valium and Librium). Our study is based on responses to a questionnaire and on interviews conducted with 100 Cuban women.

The migration process restructured the family's socioeconomic status in several ways. The women and their families were not allowed to bring valuables or financial assets from Cuba, and many had no business-building capital, nor even a financial cushion to allow the professionals in the family time to enroll in re-certification and language courses. Many exile women therefore entered the labor force at low pay to supplement the household income while other relatives attended special retraining and volcational courses. Participation in low-paying

jobs compensates for the loss of income brought on by the refugee status. According to traditional Latin American values, non-working homemakers generally assume middle and upper class status, and employment in the U.S. labor force has been equated with downward social mobility and with a loss in social standing and prestige.

Recent female exiles work to help make ends meet, and the presence of children in the home does not preclude outside employment. Furthermore, barriers of language, skills and education restrict women's employment to low-paying jobs in the manufacturing and services industries. In addition to working in low-pay jobs outside the home, women also must assume primary responsibility for running the household. In Cuba before the revolution, the middle class woman relied on hired, live-in female servants to manage domestic and child-rearing activities. This freed the homemaker from her domestic responsibilities and allower her to pursue professional careers. Access to inexpensive domestic labor in Cuba was compatible with the needs of the working mother without sacrificing the smooth running of the household.

The discrepancies between pre- and post-migration social status, between traditional and current sex roles, and between different cultures constitute the stresses of life in exile. We began our study of prescription drug use among Cuban women with the assumption, based on the work of Szapocznik et al. (1977), that prescription

drug use among Cuban women is an adaptive strategy to relieve immigration-related stress.

In order to identify users of prescription drugs in Miami, it was necessary for us to depart from the methods usually employed by drug researchers in locating drug users for anthropological study. Ethnographers who have studied drug using populations, such as Costa Rican marihuana smokers (Carter et al. 1976), North American marihuana smokers (Becker 1953) or North American heroin users (Preble and Casey 1969; Agar 1973; James 1972, 1976, 1977) obtained interviews by gaining access to social networks among groups of drug users.

In attempting to study prescription drug use among Cuban women, we could not assume that drugs were necessarily distributed through underground networks, nor could we assume that there were groups of users who shared acute effects of drugs as do marihuana, cocaine, or heroin users. We therefore decided to trace social networks. This strategy entailed contacting a population of Cuban women who participated in a network or set of networks in which social relations among them were based on the following criteria: kinship, shared interests, hobbies, occupation, and many reasons other than drug use for people to maintain social relations.

We administered a brief screening interview to elicit sufficient information on drug use to identify prescipriton drug users. Almost three-fourths had used prescription drugs for their nerves (usually minor tranquilizers) at some time in their

lives, and thirty percent used them daily or more frequently. Nearly half used prescription tranquilizers as sleeping aids, and twenty percent used them nightly. Thus, our efforts to identify prescription drug users proved very effective.

Findings show certain links between post-immigration conditions and prescription drug use. Exile uncertainties, including concern over relatives remaining in Cuba, anxiety about income and employment, uncertainty about re-patriation, and the imminent communist takeover of Cuba were associated with prescription drug use.

Cuban women increased their intake of tranquilizers and sedatives after emigrating to the United States. The following interview excerpts illustrate some of the more salient circumstances surrounding the use of minor tranquilizers within the context of the exile setting. A 65-year-old woman suffered through a period of anxiety during the Missile Crisis in 1962 and explained:

> "I took minor tranquilizers in New York because there was talk of invading Cuba. My family lived in Cuba then...I didn't know what would happen to them. I started taking pills then because I had trouble sleeping." (field notes 1979).

A 67-year-old woman began taking tranquilizers when her son was imprisoned during the Bay of Pigs Invasion in 1961:

> "In Cuba I hardly took any medicine for my nerves. I

started taking them when my son was taken prisoner, but I didn't need to take them in Cuba." (field notes).

Another 65-year-old woman elaborated on acculturation strains:

> "Before Castro, I had no reason to suffer from nerves. We lived a very tranquil life. We were a very united family, and we all got along together. All the siblings, in-laws, everybody got along well. It was a normal life. I didn't need to drive a car. I didn't need to eat my meals in a hurry to get to work on time. So, I suppose that if I had remained in Cuba, and if Fidel Castro hadn't been in power I could have enjoyed a much calmer life." (field notes 1979).

Acculturation contributes to tranquilizer use among Cuban women (Szapocznik 1979). According to this paradigm, Cuban parents who are slow to adapt to life in the United States often have children who do adapt quickly, usually at the expense of their ethnic and cultural heritage. The generation gap is in turn widened by conflicting loyalties to different cultures, and this lead to behavioral dysfunction in children and increased use of minor tranquilizers among mothers. Because mothers bear primary responsibility for preserving family harmony, they often mediate between over-acculturated children and traditional fathers, a difficult task at best, and one which excerts a great deal of stress on the mother. Thus, Cuban mothers are

frequent tranquilizer users (Szapocznik 1979:18).

The development of new health patterns in exile also involves the prescription minor tranquilizers. In pre-Castro Cuba, curative medicine prevailed and included many widely used home-grown and homemade remedies based on herbs, roots and berries. Teas made with tilo, or dry linden flowers; jazmin de cinco hojas, or five-leaf jasmine; and salvia, or sage, soothe nerves and are mild muscle relaxants; teas made with hierbabuena, or mint; manzanilla, or chamomile; and anis, or star anise seed alleviate minor digestive ailments.

Minor tranquilizers and other prescription medications have achieved a status similar to that of the traditional herbs. Prescription medications are perceived as harmless and they are likely to be self-prescribed, as are herbal teas. In fact, many women used prescription tranquilizers and herbal teas concurrently, as in the case of te de tilo (linden tea) and Valium. Thus, the pre-migration Cuban health traditions and modern chemical medicines interact now in the Miami Cuban setting, where the combination of the old and the new has resulted in an underground system of drug use and supply.

Access to the most commonly used prescription drugs -- such as Valium, Librium and the antibiotics -- has a cultural dimension among Miami Cubans. One of the characteristics of the Cuban cultural health care setting is the process of initiation into prescription drug use. Many Cuban women obtain minor tranquilizers through means other than the established medical

sequence of therapeutic visit followed by written prescription followed by purchase at the pharmacy. Six of 18 women recalled being introduced to minor tranquilizers by parents or friends. Women share pills freely and they use them to alleviate chronic irritability, nervousness, upset stomachs and other psychosomatic ailments. One woman remembers Valium as a going away present from her mother, who worried that her daughter might need help in coping with life away from home. Informal prescribing for oneself and for loved ones is a commong practice among Cuban exiles today.

Another aspect of self-diagnosis and self-prescribing is the Latin-style drug store. Pharmacists in this setting do more than fill prescriptions; they act as clinicians who recommend treatments and specialize on the therapeutic properties of medicines. The constraints placed on pharmacists by United States drug control agencies have not entirely curtailed their informal or extra-legal dispensing of some prescription drugs to regular customers. Most of the sample obtained minor tranquilizers for ongoing use from relatives, friends or pharmacists (without physician prescriptions). However, these medication patterns fill therapeutic, not recreational needs, and reflect a model of curative medicine which persists among Cubans in Miami.

The political exile status of Cuban families involves many significant changes in lifestyle. Shifts in employment status, loss of socioeconomic status, and the demands of running a

household have introduced new strains on the traditional role of Cuban mothers. Although none of these factors stand in significant statistical relationship to regular drug use, they nevertheless contribute to an exile status Cuban women perceive as stressful.

The Senate hearings on prescription drugs have underlined a national concern about drug-taking behavior in the United States (U.S. Congress, 1979). Our study of Cuban women shows the need for information that addresses the importance of ethnic and cultural influences on health patterns and beliefs and which can be obtained through ethnographic and field research. More research among women of other ethnic and racial backgrounds will widen our understanding of prescription drug use and misuse, adding a cross-cultural perspective which does not exist at this time, and one which is crucial for improving the delivery of health care services to minorities and women.

Bibliography

Agar, Michael H.
1973 Ripping and Running. New York: Academic Press.

Becker, Howard S.
1953 Becoming a Marihuana User. American Journal of Sociology 59:235-242.

Carter, William E.; Wilmer J. Coggins and Paul L. Doughty
1976 Chronic Cannabis Use in Costa Rica. Final report submitted in fulfillment of National Institute on Drug Abuse Contract No. N01-MH3-0233.

Clark, Juan M.
1975 The Exodus from Revolutionary Cuba (1959-1974): A Sociological Analysis. Ph.D. dissertation, Dept. of Sociology, Gainesville, Fl.: University of Florida.

James, Jennifer
1972 On the Block: Urban Perspectives. Urban Anthropology 1:125-140.

1976 Prostitution and Addiction: An Interdisciplinary Approach. Unpublished manuscript.

1977 "Ethnography and Social Problems." In Street Ethnography. Robert S. Weppner, ed. Beverly Hills: Sage Annual Reviews of Drug and Alcohol Abuse.

Page, J. Bryan; Carlos Forment; Diana H. Gonzalez; Duane C. McBride and Clyde B. McCoy
1979 Drug Use Among Cubans in Dade County: A Progress Report on the Ethnography of Cuban Drug Use. Report submitted in fulfillment of National Institute on Drug Abuse Grant No. 1R01-DA-02320-02.

Preble, Edward and John J. Casey
1969 Taking Care of Business: the Heroin User's Life on the Street. International Journal of the Addictions 4:1-24.

Rogg, Eleanor Meyer
1974 The Assimilation of Cuban Exiles: the Role of Community and Class. New York: Aberdeen Press.

Scott, Clarissa
1974 Health and Healing Practices among Five Ethnic Groups in Miami, Florida. Public Health Reports 89:524-32.

Strategy Research Corp.
1977 Dade Latin Market: 1977. Miami, Fl: Strategy Research Corp.

Szapocznik, Joseph
1979 "Acculturation, Biculturism, and Adjustment among Cuban Americans." Paper presented at the American Association for the Advancement of Sciences.

Szapocznik, Jose; Mercedes A. Scopetta; and Wayne Tillman
1977 "What Changes, What Remains the Same, and What Affects Acculturative Change in Cuban Immigrant Families." Paper presented at the Conference on Cubans in the United States, Miami, Florida.

United States. Congress.
1979 Women's Dependency on Prescription Drugs. Hearings before the Select Committe on Narcotics Abuse and Control. House of Representatives, Ninety-sixth Congress, first session, September 13. Washington, D.C.: U.S. Government Printing Office.